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SECRETARY OF STATE
TALL AHASSEF, FLORID

J. BRYAN
JUN 3 0 2010
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	orporations		
SUBJECT:	TOSCANO \	WINE GROUP, LLC	
30B0ECT,		ited Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	condence concerning this matter	to the following:	
		PHILIP K. CLARKE	
		Name of Person	
	K	ASS, SHULER ET AL	TARES OF THE
		Firm/Company	强气
	P.O. BOX 800		O JUN 29 AM 10: 34 ALLAHASSEE, FLORIG
		Address	E G S C
		TAMPA, FL 33601	
		City/State and Zip Code	Die .
	P-mail address: (clarke@kasslaw.com to be used for future annual report notificat	ion)
For further information	concerning this matter, please of	·	,
PHILIP K. CLARKE Name of Person		at (813) 229-0 Area Code & Daytime T	900 X1305
. value	01 1 013011	med code to paymine .	or opione is a moon
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassec, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited I	ANO WINE GROUP, L	LU	
(A F	iability Company as it now apper Porida Limited Liability Company)	ars on our records.	
The Articles of Organization for this Limited Liab Florida document numberL100000570	· · · · —	May 26, 2010.	and assigned
This amendment is submitted to amend the follow	_	BLL	SECRETARY OF
A. If amending name, enter the new name of t	he limited liability company he	ere:	SEE TO
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LL	
Enter new principal offices address, if applical	ble:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	-		
	Enter Florida street address		SS
		, Florida	
	Citv		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALA, GUISEPPE	1500 TRADEPORT DRIVE ORLANDO FL 32824 US	Add Remove
MGR	SALA, GIUSEPPE	1500 TRADEPORT DRIVE ORLANDO FL 32824 US	✓ Add ☐ Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ing any other information, e	enter change(s) here: (Attach additional sheets, if nec	FILEI O JUN 29 AM ECRETARY OF ILLAMASSEE.
_	W W E 00		STATE FLORIDA
Dated	JUNE 28		
	e e e e e e e e e e e e e e e e e e e	Sind Cold	
	Signature	of a member or authorized representative of a member	
		PHILIP K. CLARKE Typed or printed name of signee	
		ryped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00